

Civil Identification Section
Qualified Entity Application Questionnaire
NCPA/VCA

Entity Name: _____

Account Number If Already Issued: _____

Name/Title of Entity Head: _____

Operating Address Mailing Address (if different): _____

Contact Person: _____ Telephone: () _____

Fax: () _____

E-mail Address: _____

Please provide a mission statement or a summary of the type of services your entity provides. See "qualified entity" for definition.

Please check all appropriate areas regarding the type(s) of services your agency provides to children, the elderly or persons with disabilities:

Child

Care or Treatment

Supervision

Care placement

Church or Religious Organization *

Education, Training or Instruction *

Recreation *

* Not otherwise required by Colorado Law
obtain criminal history record checks

Please check the term that best describes your entity:

Government Organization

Private Organization

Public Organization

Voluntary Organization

For-Profit

Not-for-Profit

Number of Entity Employees: _____

Number of Entity Volunteers: _____

Approximately how many criminal history background checks are you currently requesting per year? _____

Is your business/organization registered with the Colorado Secretary of State's office? _____

Please provide a copy of the registration for this business entity.

Signature of Entity Head: _____ Date: _____

Fees are as follows:

Non-Salary/Volunteer Worker: \$16.50 (Statewide CBI) \$32.50 (Nationwide FBI)

Salaried/Paid Worker: \$16.50 (Statewide CBI) \$38.50 (Nationwide FBI)

NOTE: Organizations currently required to conduct criminal history checks under other statutory provisions should continue to follow the statutory mandates that specifically apply to them.

Please return to: Colorado Bureau of Investigation **or** Fax to: 303-239-5858
Civil Identification Section
690 Kipling Street • Suite 3000
Denver, CO 80215